

CLAIMS ONLY						Application Number 09/980388	Filing Date	
						Applicant(s)		
						* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51	
2							52	
3							53	
4							54	
5							55	
6							56	
7							57	
8							58	
9							59	
10							60	
11							61	
12	/						62	
13	/						63	
14	/						64	
15	/						65	
16	/						66	
17	/						67	
18	/						68	
19	/						69	
20	/						70	
21	/						71	
22	/						72	
23	/						73	
24	/						74	
25	/						75	
26	/						76	
27	/						77	
28	/						78	
29	/						79	
30	/						80	
31	/						81	
32	/						82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
Total Indep	/						Total Indep	
Total Depend	20						Total Depend	
Total Claims	21						Total Claims	

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/980388 FILING DATE

APPLICANT(S)

6/14/84 CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		#	#	#	
	IND.	DER.	IND.	DER.	IND.	DER.				
1	/		/				51			
2	/		/				52			
3	/		/				53			
4	/		/				54			
5	/		/				55			
6	/		/				56			
7	/		/				57			
8	/		/				58			
9	/		/				59			
10	/		/				60			
11							61			
12							62			
13							63			
14					/		64			
15					/		65			
16					/		66			
17					/		67			
18					/		68			
19					/		69			
20					/		70			
21					/		71			
22					/		72			
23					/		73			
24					/		74			
25					/		75			
26					/		76			
27					/		77			
28					/		78			
29					/		79			
30					/		80			
31					/		81			
32					/		82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	1	8	1	1	1	1	TOTAL IND.			
TOTAL DER.	8	8	9	9	10	10	TOTAL DER.			
TOTAL CLAIMS	10	10	10	10	20	20	TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS